

Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit::

Sequence submission?::

Computer Readable Form
(CRF)?::

Title:: METHOD AND DEVICE FOR INSERTING A
PLURALITY OF INDIVIDUAL SHEETLIKE
FORMS OF ADMINISTRATION IN A
DISPENSER BY FORMING A MULTILAYER
PILE

Attorney Docket Number:: F-7948

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: STEINBORN

City of Residence:: Neuwied

State or Province of
Residence::

Country of Residence:: Germany
Street of Mailing Address:: Im Aubisch 20

City of Mailing Address:: Neuwied
State or Province of Mailing
Address::
Country of Mailing Address:: Germany
Postal or Zip Code of
Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Horst
Middle Name::
Family Name:: DZEKAN

City of Residence:: Meinborn
State or Province of
Residence::
Country of Residence:: Germany
Street of Mailing Address:: Sandstrasse 1a

City of Mailing Address:: Meinborn
State or Province of Mailing
Address::
Country of Mailing Address:: Germany
Postal or Zip Code of
Mailing Address:: D-56584

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Klaus
Middle Name::
Family Name:: SCHUMANN

City of Residence:: Neuwied
State or Province of
Residence::
Country of Residence:: Germany
Street of Mailing Address:: Boesner Strasse 6

City of Mailing Address:: Neuwied
State or Province of Mailing
Address::
Country of Mailing Address:: Germany
Postal or Zip Code of
Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Wolfgang
Middle Name::
Family Name:: LAUX

City of Residence:: Diez

State or Province of
Residence::

Country of Residence:: Germany

Street of Mailing Address:: Am Katzenstein 2b

City of Mailing Address:: Diez

State or Province of Mailing
Address::

Country of Mailing Address:: Germany

Postal or Zip Code of
Mailing Address:: D-56682

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: HORSTMANN

City of Residence:: Neuwied

State or Province of
Residence::

Country of Residence:: Germany

Street of Mailing Address:: Fuerst Friedrich-Karl-Strasse 9

City of Mailing Address:: Neuwied

State or Province of Mailing
Address::

Country of Mailing Address:: Germany

Postal or Zip Code of
Mailing Address:: D-56564

Correspondence Information

Correspondence Customer

Number::

000028107

Representative Information

Representative Designation::	Registration number::	Name::
Primary	22,389	C. Bruce Hamburg
Associate	35,341	Herbert F. Ruschmann
Associate	36,049	Lawrence Wechsler

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	09/622,562	09/20/00
09/622,562	National Stage of	PCT/EP99/00584	01/29/99

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	19806966.9	02/19/98	Yes

Assignee Information

Assignee Name::

LTS Lohmann Therapie-Systeme AG

Street of Mailing Address:: Lohmannstrasse 2

City of Mailing Address:: Andernach

State or Province of Mailing
Address::

Country of Mailing Address:: Germany

Postal or Zip Code of
Mailing Address:: D-56626